

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		02/18/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12634	3/2
FORMALITY REVIEW			5/3/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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43	N	N	
44	N	N	
45	V	V	
46	O	O	
47	V	V	
48	V	V	
49	V	V	
50	N	N	

Claim	Final	Original	Date
51	N	N	
52	V	V	
53	V	V	
54	V	V	
55	V	V	
56	V	V	
57	N	N	
58	N	N	
59	N	N	
60	N	N	
61	N	N	
62	N	N	
63	N	N	
64	N	N	
65	O	V	
66	V	V	
67	V	V	
68	V	V	
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If more than 150 claims or 10 actions  
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